

Name In Full

Certificate of Death

Alice Carl Bissel

Died at <sup>Town</sup> Ring Point <sup>County</sup> St. Mary's

MARYLAND

Date 1902 <sup>Month</sup> Nov. <sup>Day</sup> 29 <sup>Y.</sup> 1 <sup>M.</sup> 10 <sup>D.</sup> - <sup>Native of</sup> St. Marys <sup>Occupation</sup>~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~  
of~~Wife~~

Father's Name Thomas Edward Bissel Mother's Name Mary Belle Strong

Cause of Death { Primary Immediate Diphtheria 9a

How long sick

7 days

~~Accident, Suicide, Homicide~~

Reported by T. Hooper Lynch - M.D.

Address Valley Lee, St. Mary's Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward McKinley Bissel -

Died at <sup>Town</sup> *Prig Point* <sup>County</sup> *St. Mary's*

MARYLAND

Date 1902 . <sup>Month</sup> *Nov.* <sup>Day</sup> *26* | <sup>Y.</sup> *5* - <sup>M.</sup> - <sup>D.</sup> - | <sup>Native of</sup> *St. Mary's Co.* | <sup>Occupation</sup>

Male

~~White~~

Married

~~Widow~~

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

~~Husband~~  
of~~Wife~~Father's Name *Thomas E. Bissel* Mother's Maiden Name *Mary Belle Bissel*Cause of Death { Primary *Diphtheria* | How long sick *4 days*  
Immediate *9 a* | ~~Accident, Suicide, Homicide~~Reported by *T. Horner Lynch - M.D.*Address *Valley Lee, St. Mary's County*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Mary A. Brooks*

Town

County

Died at *near Mechanicsville, St. Mary's*

MARYLAND

Date		Month	Day	Y.	M.	D.	Native of	Occupation
1902		Nov.	24				Maryland	Housewife
Male		White		Married		Widow	Divorced	
Female		Colored		Single		Widower		Number of children living <i>one</i>

Husband of *Richard W. Brooks*

Wife

Father's Name *Don't know* Mother's Name *Sarah Curtis*

Cause of Death { Primary *Phthisis* Immediate *Hemorrhage* } How long sick

Accident, Suicide, Homicide

Reported by *Zach. R. Morgan, M.D.*

Address *Mechanicsville Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Famwie Jewier

Town

County

Died at

Sand Gabi

St. Mary's

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

Nov

1

Age 10

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
Wife

Father's

Name

Mother Jewier

Mother's

Name

Elyza Jewier

Cause of

Primary

Congestive Lungs

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

J. O. Sping.

Oakville, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Romulus Key

Town

County

MARYLAND

Died at Near Mechanicsville St Marys

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

11

8

Age

70

Ind

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Six

Husband

of

Marion Garner

Father's

Mother's

Name

Phil. Key

Name

Don't Know

Cause of

Primary

Heart Disease

How long sick

6 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Zach. R. Morgan

Address

Mechanicsville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

*Mary Elisabeth Swaller*  
 Town *Leonardtown* County *St Marys*

MARYLAND

Died at *Leonardtown*

Date 19 *02* *Nov* *12*  
 Month Day

Age *57*  
 Y. M. D.

Native of *St Marys* Occupation *House woman*

~~Male~~  
 Female

~~White~~  
 Colored

Married  
 Single

~~Widow~~  
~~Widower~~

Divorced  
 Number of children living *Six*

~~Husband~~  
 of

*Geo Swaller*

Wife

Father's  
 Name

Mother's  
 Maiden Name

Cause of Death { Primary *Diabetes*  
 Immediate *Coma*

*50*

How long sick  
*Eight months*  
 Accident, Suicide, Homicide

Reported by

*H. F. Freeman*

Address

*Leonardtown Md*

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



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7

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y

M.

D.

Native of

Occupation

Date 1902

Nov 29

Age

10

Shirley's servant

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Name

Cause of Primary

Primary

Death Immediate

Immediate

How long sick

6 days

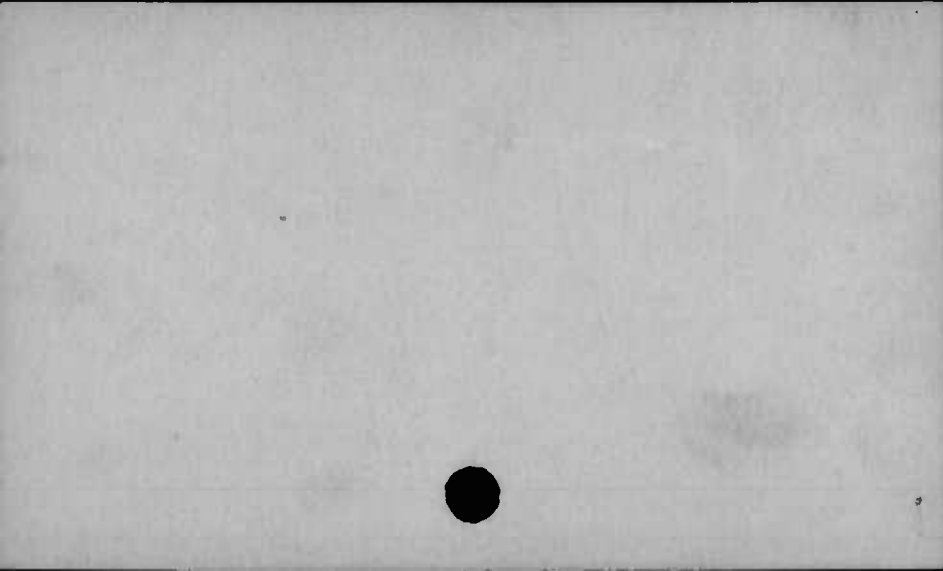
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Died at

Date 1904

Male

FemaleHusband  
of  
WifeFather's  
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Thorn as Thompson

Town

County

Palmer

St. Mary's

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

11

24

Age

40

-

-

N. Y.

Dy sterna

White

MarriedWidowDivorcedColored

Single

Widower

Number of children living

Drowning

172

Rt. V. Palmer

Palmer

W. J.

LIBRARY BUREAU, 20000

